

Docket No: AM100249
Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re of Application of: **CHU et al.**
Application No.: **10/039,383** Group No.: **1645**
Filed: **January 8, 2002** Examiner: **Sarvamangala J N Devi**
For: **IMPROVED MYCOPLASMA HYOPNEUMONIAE BACTERIN
VACCINE**
Confirmation No.: **3951**
Customer Number: **25291**

#12/A

JM

9/9/03

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

July 2, 2003

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JUL 09 2003

TECH CENTER 1600/2900

AMENDMENT

Sir:

This is in response to the Office Action dated January 7, 2003. Please amend the above identified application as follows and consider the following remarks. Please note that this amendment conforms to the revised format of making amendments set forth in the proposed revision of 37 CFR 1.121. The USPTO plans to adopt the above revision by July of 2003.

Amendments to the Specification begin on page 2 of this submission.

Amendments to the Abstract begin on page 7.

Amendments to the Claims begin on page 8.

Remarks/Arguments begin on page 9.

CERTIFICATE OF MAILING 37 CFR §1.10

I hereby certify that this paper and the documents referred to as enclosed therein are being deposited with the United States Postal Service on the date written below in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EV 100603255 US addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Date

July 2, 2003

Cecilia Chessell
Cecilia Chessell

FEE FOR CLAIMS

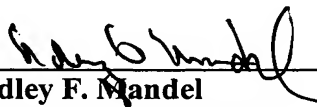
3. The fee for claims has been calculated as shown below:

CLAIMS AS AMENDED					
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) HIGHEST NUMBER PAID FOR	(4) NUMBER EXTRA x RATE		(5) ADDITIONAL FEE
TOTAL CLAIMS	7	18	0	X \$ 18.00	0.00
INDEPENDENT CLAIMS	1	3	0	X \$ 84.00	0.00
MULTIPLE DEPENDENCY FEE				\$ 280.00	
				Total Amendment Fee:	\$0.00

- ☐ No additional fee for claims is required.
☐ Total additional fee for claims required: \$0.00.

4. Method of Payment of Fees:
Charge Deposit Account No. 01-1425 in the amount of: \$930.00.
A duplicate of this transmittal is attached.
5. Instructions as to Overpayment:
Credit any overpayment to Deposit Account No. 01-1425.
6. Authorization to Charge Additional Fees
☒ If any additional extension and/or fee for claims is required, charge
Account No. 01-1425.

Respectfully submitted,



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